

FIG. 1

099249-012600

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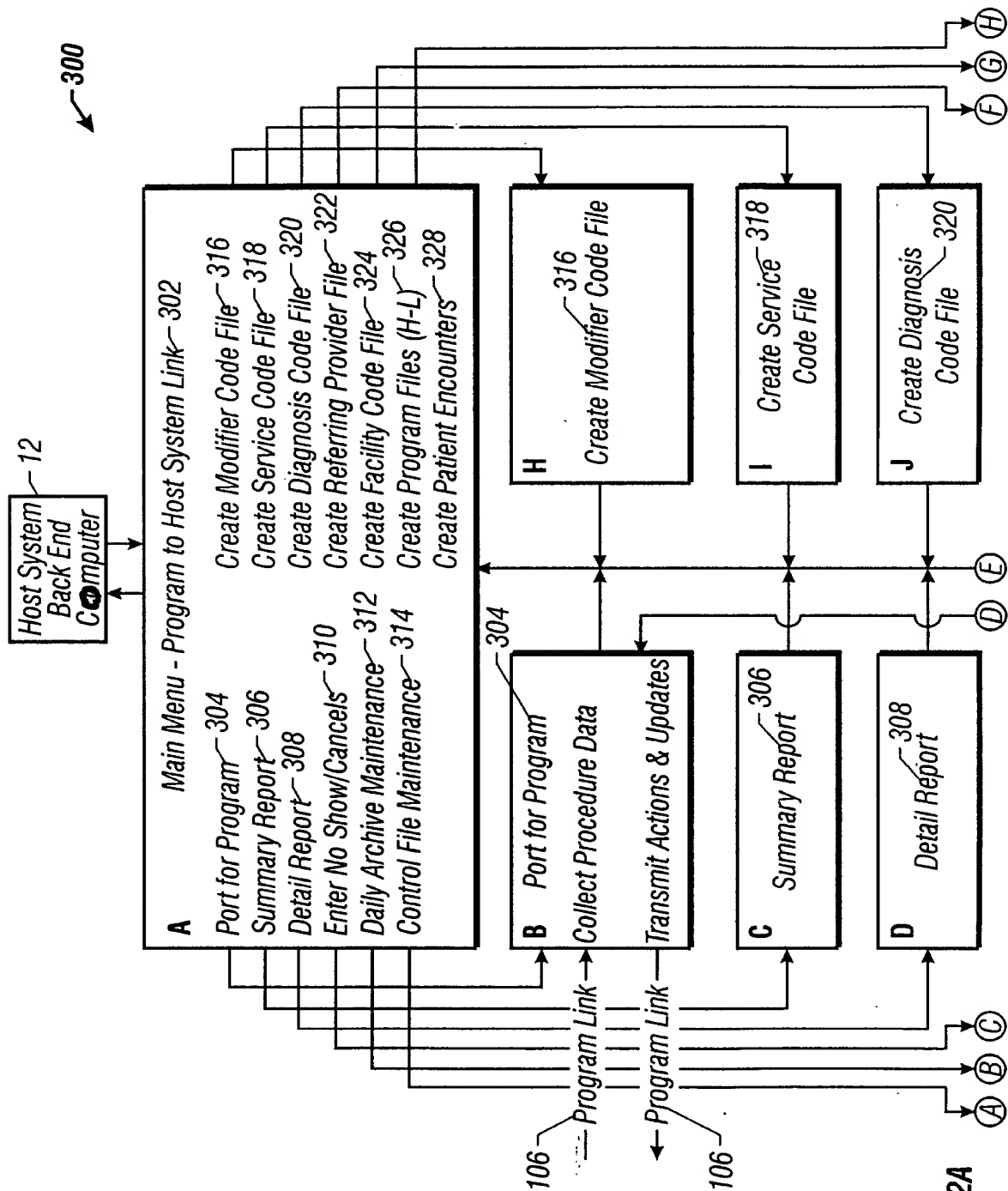
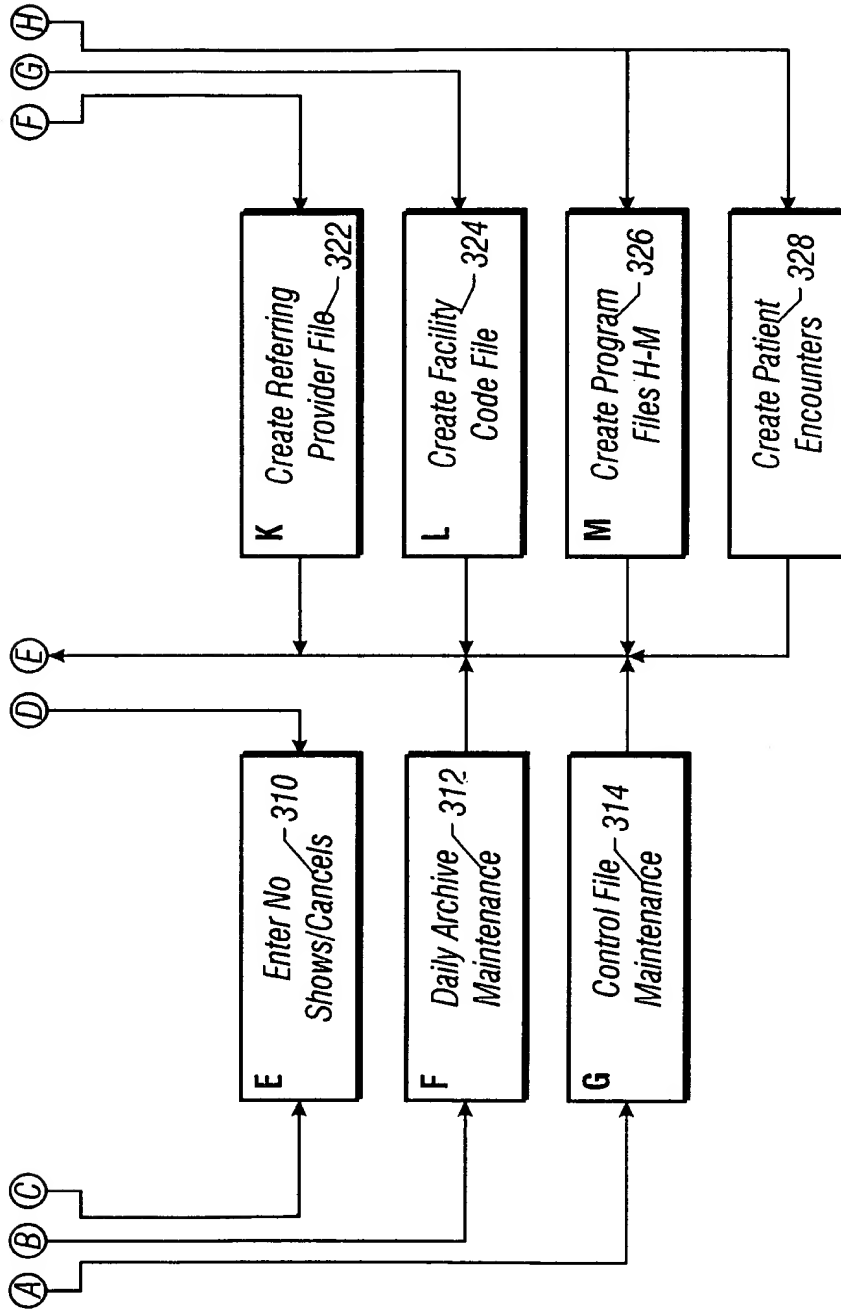


FIG. 2A



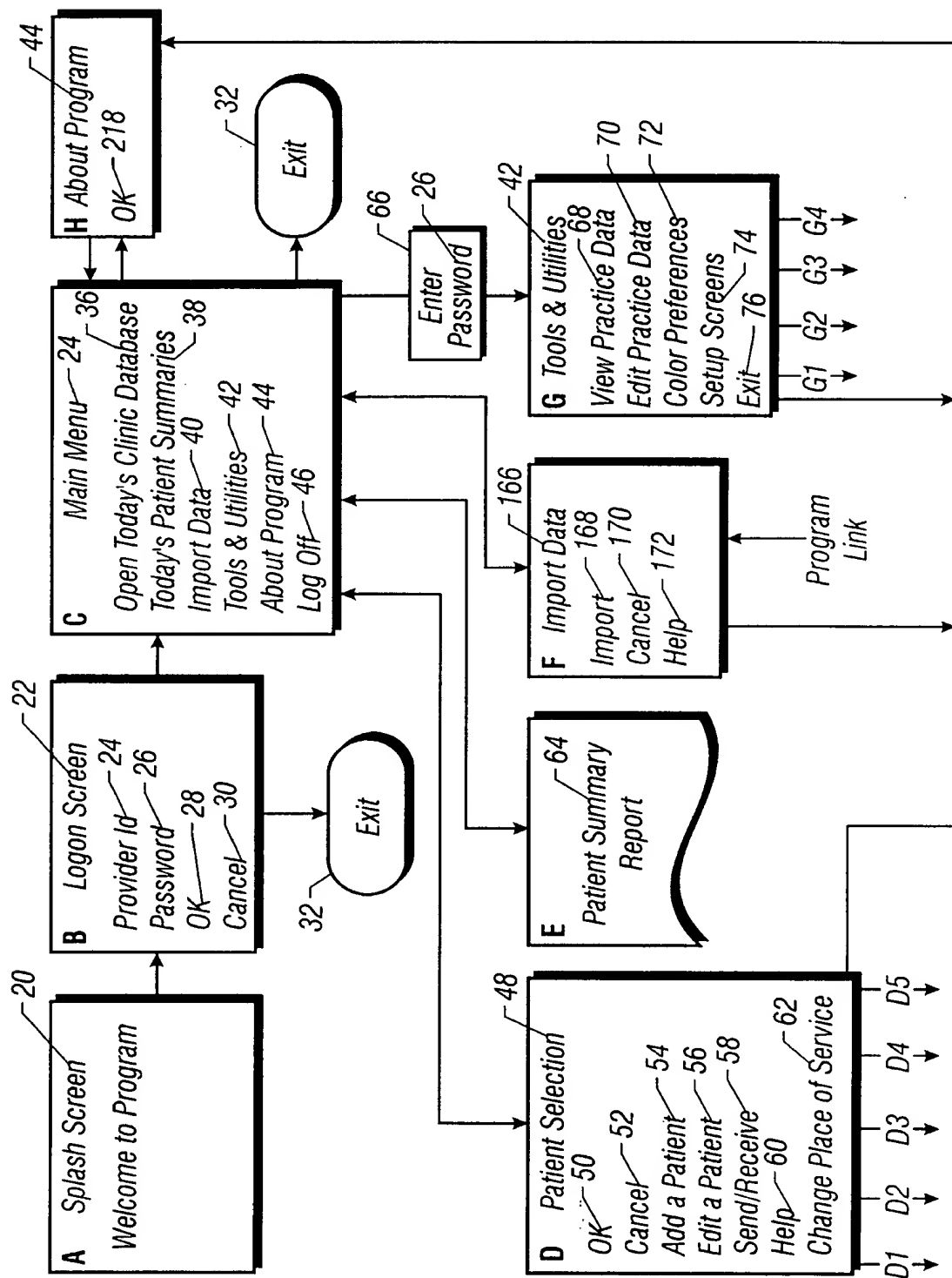


FIG. 3A

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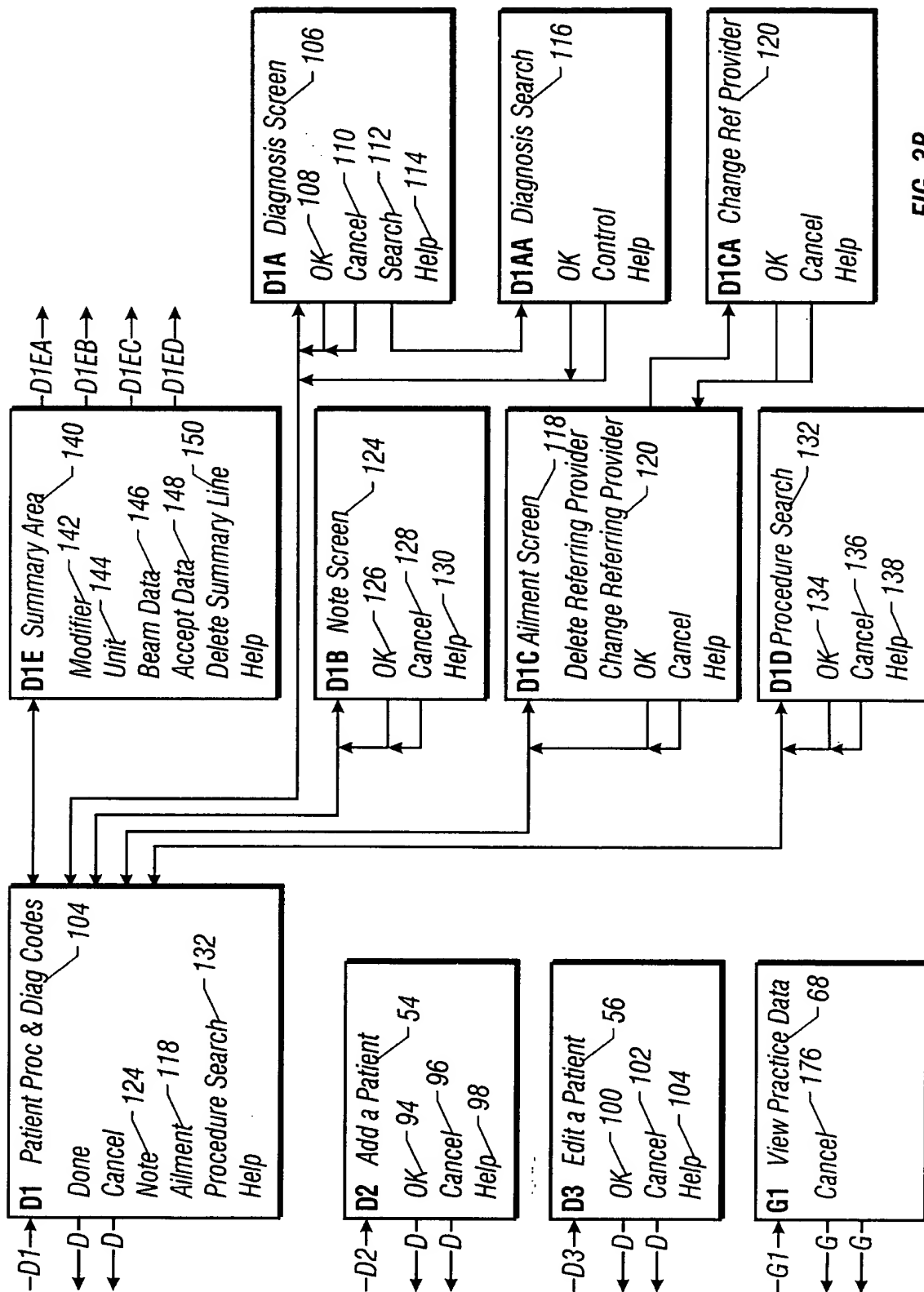


FIG. 3B

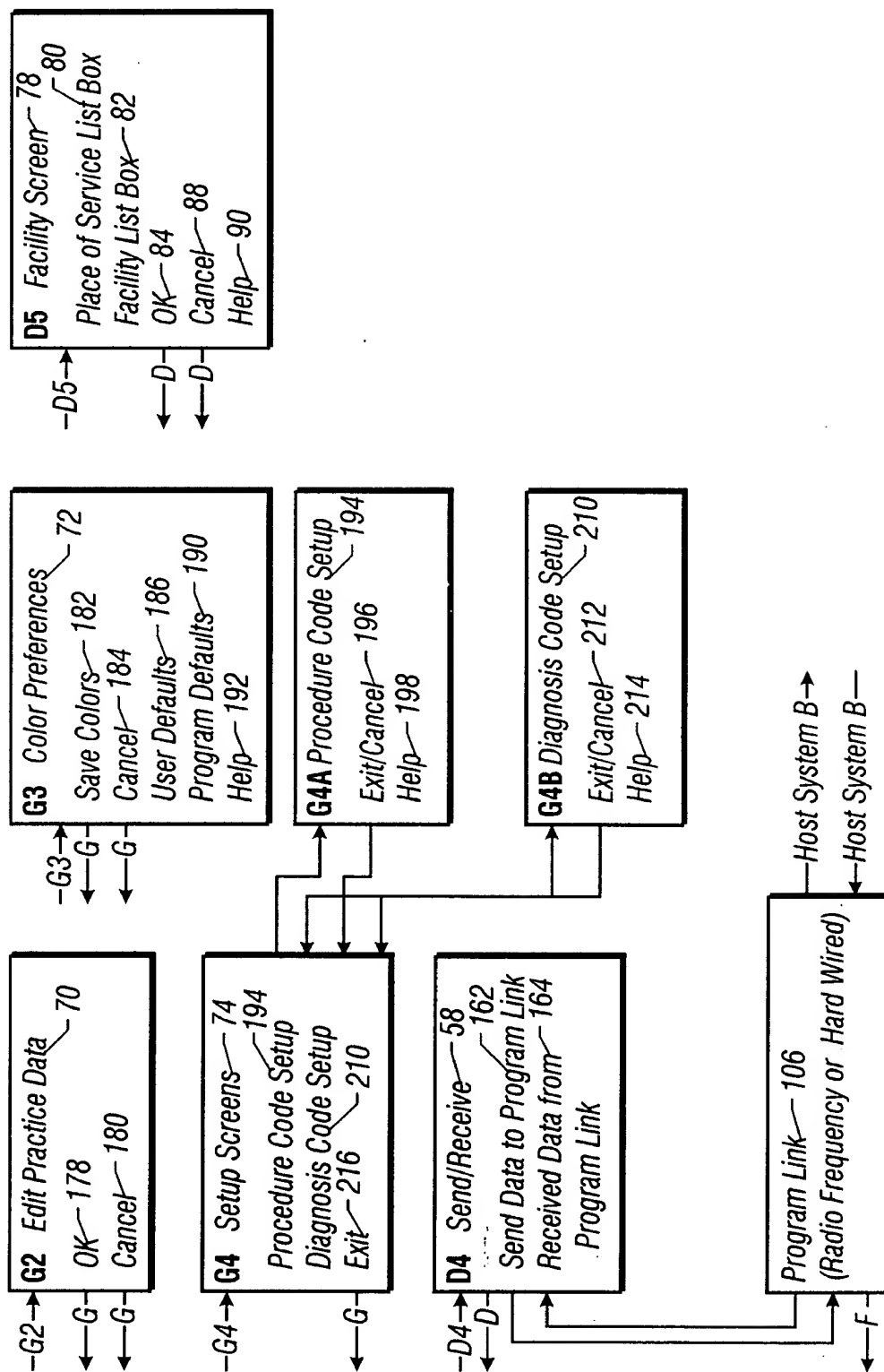
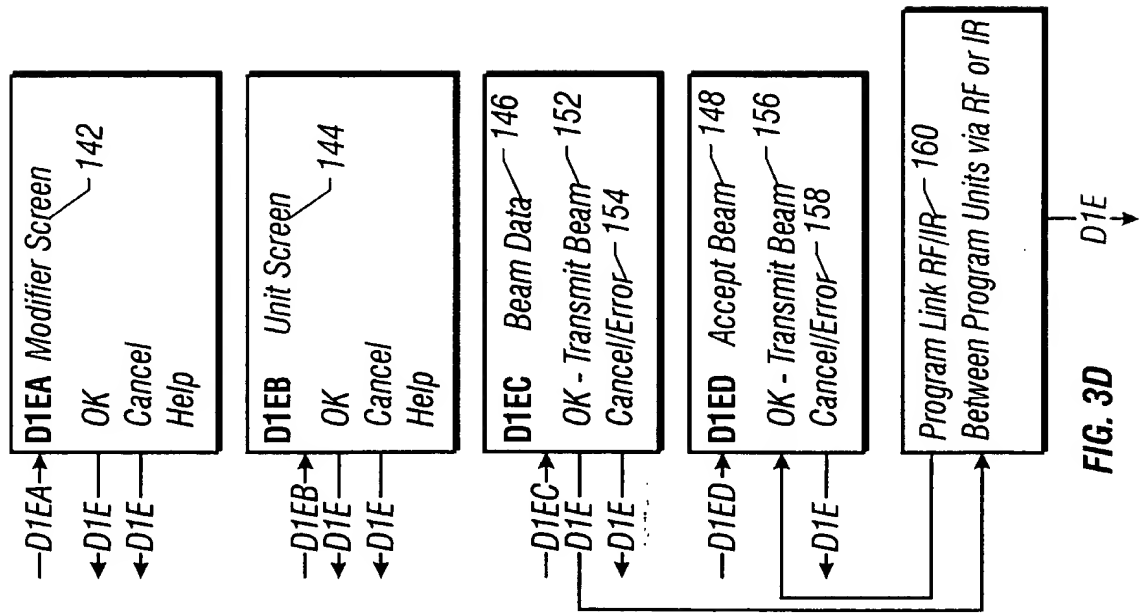


FIG. 3C



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FIG. 4

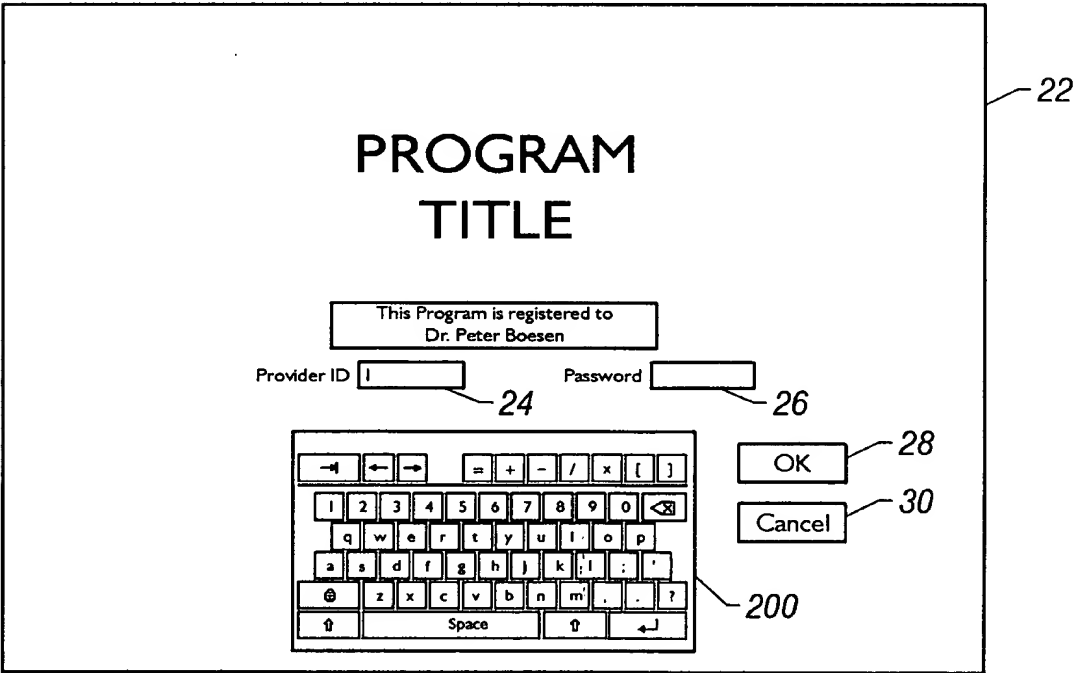


FIG. 5

9/21

Edit Medical Practice Data:

Practice Name: Dr. Peter Boesen

Address: 1000 73rd Street, STE 18

City: Des Moines

State: IA Zip Code: 50311

Serial Number: 1010101

Program[w]. Program [R]: R

Type of Practice: Large

Provider #: 1

Program #: 1

Password: *****

Repeat Diagnosis on Procedure: ☒

Show Start/End Time: ☒

Use Supervisor Reduction Percentage: ☒

OK 178 Cancel 180

200

FIG. 6

Program Main Menu
Physician Access Screen For:
Dr. Peter Boesen

Open Today's Clinic Database 36

Today's Patient Summaries 38

Import Data 40

Tools and Utilities 42

About Program 44

Log Off 46

Program Systems, Inc. accepts no responsibility for the accuracy of the codes selected. By moving past this screen, the user accepts full responsibility for all coding.

Copyright Information

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FIG. 7

10/21

Please Select a Patient:

Last Name	First Name	MI	Date of Birth	Provider	Encounter	Date	Appt.	Account No.	Action	Result	Δ
Barnes, Terry		L	12/22/66	I	30032	2/5/00	2:00	100	S	X	
Bond, James		K	10/22/74	I	30031	2/5/00	10:00	700	S	X	
Bondman, Robert	49	V	8/21/60	I	30010	2/5/00	12:45	6790.1	S	X	
Brown, Linda		F	2/3/78	I	31020	2/5/00	1:45	900	S	X	
Burk, Heather		A	10/2/43	I	31009	2/5/00	1:00	800	S	X	
Carpenter, Alicia		A	10/21/60	I	31053	2/5/00	3:20	400	S	X	
Close, Jason		M	3/2/56	I	31052	2/5/00	11:35	70	S	X	
Cup, Mary		L	9/3/43	I	31055	2/5/00	9:00	20	S	X	
Douglas, Tom		L	10/2/73	I	31089	2/5/00	10:00	50	S	X	
Dunbar, Lisa		V	8/21/60	I	31070	2/5/00	12:45	7865.0	S	X	
Handley, Raymond		L	11/21/43	I	31072	2/5/00	6:00	300	S	X	
Harty, Scott		V	6/3/73	I	31098	2/5/00	1:00	99999	*		
Jones, Martha		Q	1/13/78	I	31093	2/5/00	5:30	75	S		
Knight, Michele		L	8/8/73	I	31094	2/5/00	12:45	200	S	X	
Lofin, Adrian		C	8/23/60	I	31099	2/5/00	1:30	5678.1	S	X	
Martin, David		P	3/30/51	I	31067	2/5/00	12:00	80	S	X	
Mays, Kelly		D	10/1/67	I	31008	2/5/00	4:45	60	S	X	
McDonald, Alex		A	6/3/81	I	31903	2/5/00	11:45	100	S	X	
Moore, Rudy		V	11/22/60	I	31100	2/5/00	9:30	4533.0	S	X	
Schoor, Stacy		L	10/2/36	I	31007	2/5/00	12:13	30	S	X	
Smith, Emmet	52	R	3/30/51	I	31201	2/5/00	5:00	123	S	X	
Quall, Dan		D	4/6/72	I	31029	2/5/00	6:45	120	S	X	

50 OK Cancel Add a Patient Edit a Patient Send/Receive Help 60

Place of Service: 3 Doctor's Office 54 58 Change Place of Service 62

56

48

FIG. 8

Facility Selection Screen:

Place of Service Search: 80

- Inpatient Psych. Fac. - M
- Other Med/Surg. Fac. - O
- Ambulance - 9
- Military Treat. Fac. - I
- Com. Mental Health Ctr. - N
- Res. Treatment Cent. - C
- Skilled Nursing Fac. - 8
- Night Care Facility - 6
- St/Local Pub He Ctr. - Y
- Ambulance-Air/Water - L
- Outpatient Hospital - 2
- Patient's Home - 4
- Emergency Room Hosp. - G
- Comp. OP Rehab. Fac. - e
- Spec. Treatment Fac. - D
- Nursing Home - 7
- Independent Lab. - A
- Day Care Facility - 5
- Ind. Kidney Dis Cent. - F
- Rural Health Clinic - Z
- Phys. Resid Treat Ctr. - 0
- Doctors Office - 3
- Inpatient Hospital - I
- Birth Center - H
- Comp Inpatient Rehab. - X
- Hospice - K
- Custodial Care Fa. - J

Facility Search: 82

- Blood & Plasma Center
- Childrens Hospital
- Community Hospital
- Doctors Laboratory
- Health Clinic
- Jefferson Memorial Hosp.
- Lakeland Services
- Madison Central Surgery
- Madison Convalescent Home
- Madison General Hospital
- Madison Surgery Center
- Minimonte Nursing & Rest
- Northwest Office

84 OK 88 Cancel 90 Help

78

FIG. 9

11/21

Add A Patient

Account Number:

Appointment Time:

Patient Last Name:

Patient First Name:

Patient Middle Initial:

Date of Birth: (MM/DD/YY)

Provider Number:

200

94 OK 96 Cancel 98 Help

FIG. 10

Edit A Patient

Account Number:

Appointment Time:

Patient Last Name:

Patient First Name:

Patient Middle Initial:

Date of Birth: (MM/DD/YY)

Provider Number:

200

100 OK 102 Cancel 104 Help

FIG. 11

12/21

Patient Procedure and Diagnosis Codes

Account #: 99999 Patient Name: John McComb Appt Time: 12:45

Reason:

Ref. Prov: Leland W Groves M.D.

Last Diag:

Balance:

Prim Ins:

Other Ins:

Procedure	Modifier	Unit	Diag1	Diag2	Diag3	Diag4	Δ
99214		1	381.02	382.02	995.3	473.2	
31237		1	473.2	473.3	473.0		
31237	50	1	473.2	473.3	473.0		

142 Modifier 146 Send Beam 150 Units 158 Delete 148 Accept Beam

Description	Proc.	Description	Proc.	Description	Proc.
REMOVE FOREIGN BODY FROM EAR	69200	E/M Office/Outpat Consult	99245	Audiometry, Air & Bone	92553
E/M Office/Outpat New Pat	99202	Fiberscopic Laryngoscopy	31575	Acoustic Reflex Decay Test	92569
E/M Office/Outpat New Pat	99203	Contr of Nasal Hemorrhage, Simple	30901	OTACCOUSTIC EMISSIONS; LIMITED	92587
E/M Office/Outpat New Pat	99204	Contr of Nasal Hemorrhage, Complex	30903	OTACCOUSTIC EMISSIONS; COMPLE	92588
E/M Office/Outpat New Pat	99205	Cauterization and/or ablation, muco	30801	Nasal/sinus endoscopy, surg	31237
E/M Office/Outpat Estab Pat	99211	Debrid, Plastoid Cavity, Unilateral	69220	Nasal/sinus endoscopy, dx	31233
E/M Office/Outpat Estab Pat	99212	Remove Impacted Cerumen	69210	Nasal endoscopy, dx	31231
E/M Office/Outpat Estab Pat	99213	Handling & Conveyance of Specimen	99000	Assay of Osteocalcin	83527
E/M Office/Outpat Estab Pat	99214	Pure Tone Audiometry, Air Only	92552	Tympanostomy, w/Anesth. Unilateral	69433
E/M Office/Outpat Estab Pat	99215	Speech Audiometry, Threshold Only	92555	Assay of Pregnenolone	83540
POST OP VISIT	99024	Basic Comprehensive Audiometry	92557	Biopsy of Upper Nose/Throat, Survey	42806
E/M Office/Outpat Consult	99241	Speech Audiometry, Complete	92556	Biopsy, Each Additional Lesion	11101
E/M Office/Outpat Consult	99242	Tympanometry	92567	BLEPHAROPLASTY, LOWER EYELID	15820
E/M Office/Outpat Consult	99243	Remove Nasal Foreign Body in Office	30300	Excise Branchial Cleft Cyst/Vestige	42810
E/M Office/Outpat Consult	99244	Acoustic Reflex Testing	92568	TYMPANOLYSIS, TRANSCANAL	69450

Done Cancel Note Ailment Search Help

FIG. 12

Diagnosis Codes for Selected Procedure:

Procedure Description Code

Remove Impact Cerumen	69210
IMPACTED CERUMEN	380.4

Move Up Move to Top

Move Down Move to Bottom

Delete Delete All

Description	Diag.	Description	Diag.	Description	Diag.
ASTHMA	493	ACUTE LARYNGOPHARYNGITIS	465.0	ANOSMIA, DISTURBANCES IN TASTE	781.0
ALLERGIC RHINITIS, CAUSE UNSPECI	477.9	ACUTE LYMPHADENITIS	683	APNEA	786.03
BELL'S PALSY	351.0	ACUTE MASTOIDITIS	383.0	APPOINTMENT CANCELLATION	2
BENIGN LESION OF EXTERNAL LIP	210.0	ACUTE MASTOIDITIS WITHOUT CO	383.00	ARNOLD CHIARI TYPE I	348.4
ACQUIRED DEFORMITY OF NOSE	738.0	ACUTE MUCOID OTITIS MEDIA	381.02	ASPERGILLOSIS	117.3
ACUTE TOSILOITIS	463	ACUTE MYRINGITIS, UNSPECIFIED	384.00	ASTHMA, INTRINSIC	493.1
ASTHMA, UNSPECIFIED	493.9	ACUTE NASOPHARYNGITIS (COMMO	460	ATTIC PERFORATION OF TYMPANIC	384.22
ABSCCESS OF SALIVARY GLAND	527.3	ACUTE RESPIRATORY FAILURE	518.81	ATYPICAL FACIAL PAIN	350.2
ABCESS, SCROTUM	608.4	ACUTE SUPPURATIVE OTITIS MEDIA	382.02	ACCIDENTAL DROWNING OR SUBMEE	910.9
ACCESSORY AURICLE	744.1	ALLERGY, UNSPECIFIED, NOT ELSEW	995.3	APHONIA	784.41
ACNE ROACEA	695.3	ANEURYSMAL BONE CYST	733.22	ACUTE INFLAMMATION OF ORBIT	376.0
ACQUIRED STENOSIS OF EAR CANAL	380.50	ANOMALIES OF AORTIC ARCH	747.21	ACCIDENT CAUSED BY FIREARM-HANE	922.0
ACTIVE MENIERE'S DISEASE, COCHLE	386.02	ANOMALIES OF RELATIONSHIP OF JA	524.12	THRUSH (ORAL)	112.0
ACUTE FRONTAL SINUSITIS	461.1	ANOMALY OF EAR WITH IMPAIRMEN	744.00	MALIGNANT NEOPLASM OF TIP AND	141.2
ACUTE INFECTION OF PINNA	380.11	ANOSMIA	781.81	BENIGN NEOPLASM OF NASOPHARY	210.7

OK Cancel Search Help

FIG. 13

13/21

Procedure Code Search:

By Number By Description

Selection: 31237 Nasal/sinus endoscopy, surg

200

31070 Exploration of Frontal Sinus
 31075 Sinusotomy Frontal, Unilateral
 31084 Sinusotomy Frontal/Flap, Brow Incise
 31085 Sinusotomy Frontal, Flap, Coronal
 31090 Sinusotomy Combined < 3 Sinuses
 31200 Removal of Ethmoid sinus
 31201 Ethmoidectomy, Intranasal Total
 31231 Nasal endoscopy, dx
 31233 Nasal/sinus endoscopy, dx
 31237 Nasal/sinus endoscopy, surg
 31237.50 Nasal/sinus endoscopy, surg
 31238 NASAL/SINUS ENDO, CONTROL EPISTAXIS
 31240 Nasal/sinus endoscopy, surg
 31254 ENDO ETHMOIDECTOMY, PARTIAL-ANTERIO
 31255 Nasal Endoscopy, A & P Ethmoidect-X2

OK Cancel Help

134 136 138

FIG. 14

Diagnosis Code Search:

By Number By Description

Search Selection:

200 116

011.9 PULMONARY TUBERCULOSIS, UNSPECIFIED
 035 ERYSIPELAS
 053.73 HERPES SIMPLEX OTITIS EXTERNA
 053.9 HERPES ZOSTER WITHOUT MENTION OF COMPLICATION
 054.8 HERPES SIMPLEX WITH UNSPECIFIED COMPLICATION
 074.3 HAND, FOOT, MOUTH DISEASE
 075 INFECTIOUS MONONUCLEOSIS
 077.99 UNSPECIFIED DISEASES OF CONJUNCTIVA DUE TO
 078.10 VIRAL WARTS, UNSPECIFIED
 079.6 RSV (RESPIRATORY SYNCYTIAL VIRUS)
 I NO SHOW FOR APPOINTMENT
 I12.0 THRUSH (ORAL)
 I12.82 CANDIDAL OTITIS EXTERNA (OTOMYCOSIS MONILIAS)
 I17.3 ASPERGILLOSIS
 I17.9 OTHER AND UNSPECIFIED MYCOSIS

OK Cancel Help

FIG. 15

14/21

Ailment Screen:

Referring Provider Number:

Name: 122

120

Date of 1st Symptom: Month Day Year

Date of 1st Consultation

Prior Authorization Number:

← → = + - / x []

1 2 3 4 5 6 7 8 9 0 <X>

q w e r t y u i o p

a s d f g h j k l ; ' "

z x c v b n m , . ?

↑ Space ↑ ↵

FIG. 16

Referring Provider List

Select by Last Name:

Bandstey M.D.	Richard	M 48
Barret M.D.	David	D 2
Bennet	Joel	G 15
Bennet M.D.	Thomas	E 25
Carlington M.D.	Sydney	R 18
Carter R.N.	Ronald	C 23
Castillia M.D.	Rhiane	D 15
Datsmith M.D.	Jason	H 4
Fredricks M.D.	Ludinda	S 8
Graves M.D.	Donald	A 6
Johnson M.D.	James	V 14
Johnson M.D.	Catrina	B 2

← → = + - / x []

1 2 3 4 5 6 7 8 9 0 <X>

q w e r t y u i o p

a s d f g h j k l ; ' "

z x c v b n m , . ?

↑ Space ↑ ↵

FIG. 17

15/21

Note Entry Screen:

Enter a 20-character note:

200

124

OK 126

Cancel 128

Help 130

FIG. 18

Modifier Codes:

Procedure Description	Code
E/M Office/Outpat Estab Pat	99213
Bilateral Procedure	50
Multiple Procedures	51
Assistant Surgeon	80

Move Up Move to Top

Move Down Move to Bottom

Delete Delete All

Description	Mod.	Description	Mod.	Description	Mod.
Microsurgery	20	Repeat Proc Same Dr	76		
Prolong Eval & Man.	21	Repeat Proc Diff Dr	77		
Unusual Proc. Serv.	22	Return to O/R	78		
Unrel. Eval. & Man.	24	Unrelated Procedure	79		
Signl/Sep Eval & Man	25	Assistant Surgeon	80		
Professional Comp.	26	Min Asst Surgeon	81		
Mandated Services	32	Asst Surg No Residnt	82		
Anes. by Surgeon	47	Multiple Modifiers	99		
Bilateral Procedure	50				
Multiple Procedures	51				
Reduced Services	52				
Discontinued Procedu	53				
Surgical Care Only	54				
Post Op. Management	55				
Pre Op. Management	56				
Related Proc Same Dr	58				
Two Surgeons	62				
Surgical Team	66				

OK Cancel Help

142

FIG. 19

16/21

Procedure Units and Misc Fields

Procedure Units:

Start Time [HH-MMp.m.]:

End Time [HH-MMp.m.]:

Actual Minutes [999]
Use if no Start. End
Time:

Supervisor Reduction
Percentage [99]:

144

200

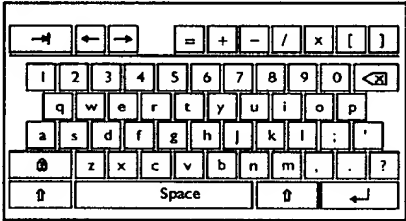


FIG. 20

64

100	Douglas, Tom	2/5/00	N	92555	5	518.81	0.00
120	Smith, Emmet	2/5/00	N	99213	1	460	0.00
123	Jones, Martha	2/5/00	N	69210	5	478.24	0.00
123	Quali, Dan	2/5/00	N	99245	1	478.24	0.00
123	Carpenter, Alida	2/5/00	Y	92552	1	478.24	150.00
20	Goodman, Debbi	2/5/00	N	31237	1	471.0	0.00
20	Bondman, Robert	2/5/00	N	31575	26	784.49	0.00
20	Dunbar, Lisa	2/5/00	N	69200	1	389.18	0.00
20	Cup, Mary	2/5/00	N	92552	1	389.18	0.00
20	Loftin, Adrian	2/5/00	N	92556	1	389.18	0.00
20	Brown, Linda	2/5/00	N	99213	1	381.20	0.00
200	Handley, Raymond	2/5/00	N	30903	522451	460	0.00
200	Barnes, Terry	2/5/00	N	31575	1	784.41	0.00
200	Close, Jason	2/5/00	N	69220	1	784.41	0.00
200	Jackson, Alan	2/5/00	N	92553	1	382.02	0.00
30	Martin, David	2/5/00	N	30903	505562	460	0.00
30	Smith, Carrie	2/5/00	N	69020	1	518.81	0.00
30	Mays, Kelly	2/5/00	N	99000	1	2	0.00
40	McDonald, Alex	2/5/00	N	69436	52	381.20	0.00
40	Burk, Heather	2/5/00	N	99213	262221	384.00	0.00
400	Moore, Rudy	2/5/00	N	69200	10	747.21	0.00
4533.0	Knight, Michele	2/5/00	N	99213	815058	464	0.00
50	Testberger, Wendy	2/5/00	N	99213	1	381.02	0.00
500	Clancy, Tom	2/5/00	N	99244	1	0.00	0.00
5678.1	Richards, Denise	2/5/00	N	99214	808162	460	0.00
60	Lane, Casey	2/5/00	N	69210	1	733.22	0.00

FIG. 21

17/21

Import Data:

Selections

- ☒ Patient File
- ☒ Procedure Code File
- ☒ Diagnosis Codes Files
- ☒ Modifiers File
- ☒ Referring Doctors File
- ☒ Facility File

166

168 170 172

Import Cancel Help

FIG. 22

Please Enter Password:

OK Cancel

←	→	↵	=	+	-	/	x	[]	
1	2	3	4	5	6	7	8	9	0	⌫
q	w	e	r	t	y	u	i	o	p	
a	s	d	f	g	h	j	k	l	:	'
⌘	z	x	c	v	b	n	m	.	.	?
⌅	Space								⌅	↵

FIG. 23

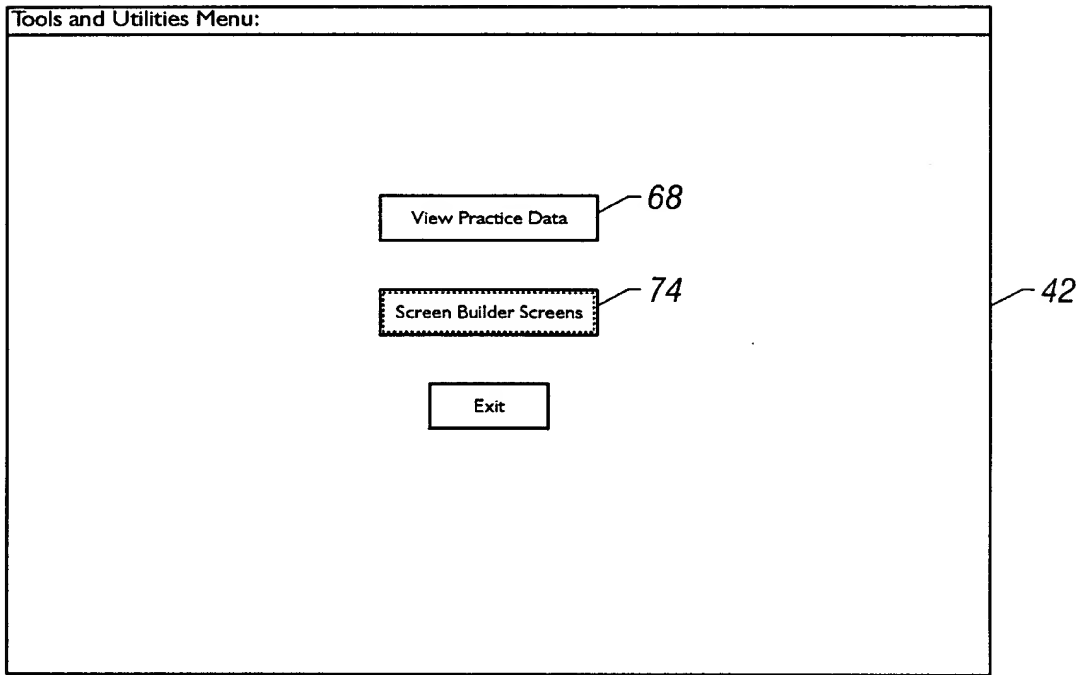


FIG. 24

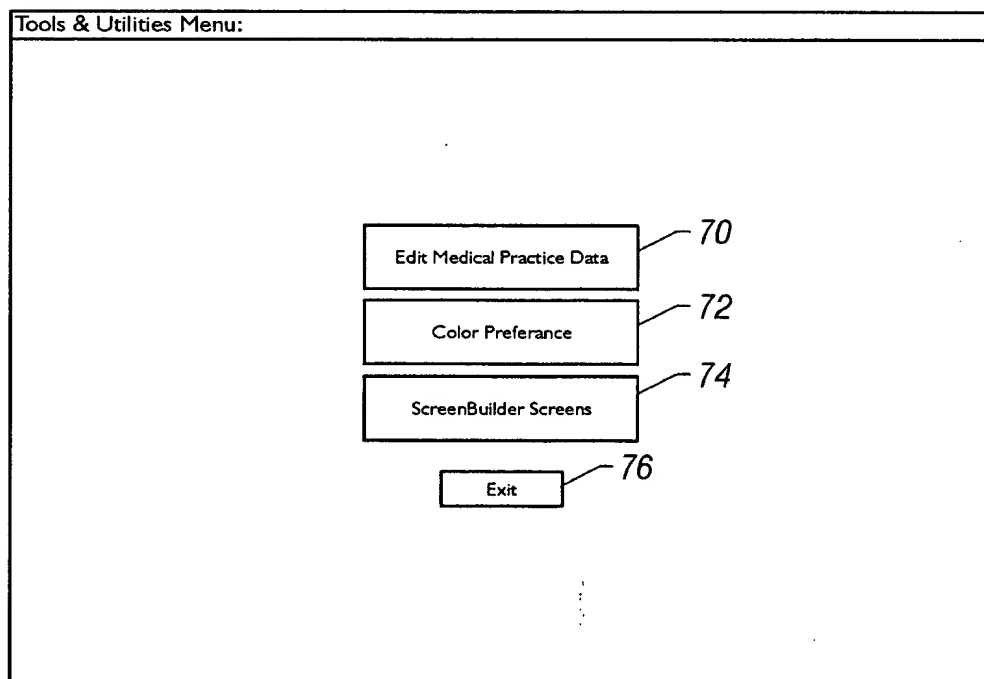


FIG. 25

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View Practice Data:

Practice Name: Peter V. Boesen, M.D., P.C.

Address: 1000 73rd Street, Suite 18

City: Des Moines

State: IA Zip Code: 50311

Serial Number: 1010101

Program [w]. Program [R]: R

Type of Practice: Solo

Provider #: 1

Program #: 1

Password: 1

Repeat Diagnosis on Procedure: ☒

Show Start/End Time: ☒

Use Supervisor Reduction Percentage: ☒

Cancel

68

176

FIG. 26

Color Preferences

Back Color Fore Color

Form

Text

Label

List Box

Option Button

General Button

OK Button

Cancel

Help

Search Button

Grid Color Options

Heading Heading Detail Detail

Back Color Fore Color Grid Color Back Lower

Heading Heading Line Blgnd

Back Color Fore Color

Check Box

Save Colors 182

Cancel 184

User Defaults 186

Program Defaults 190

Help 192

72

FIG. 27

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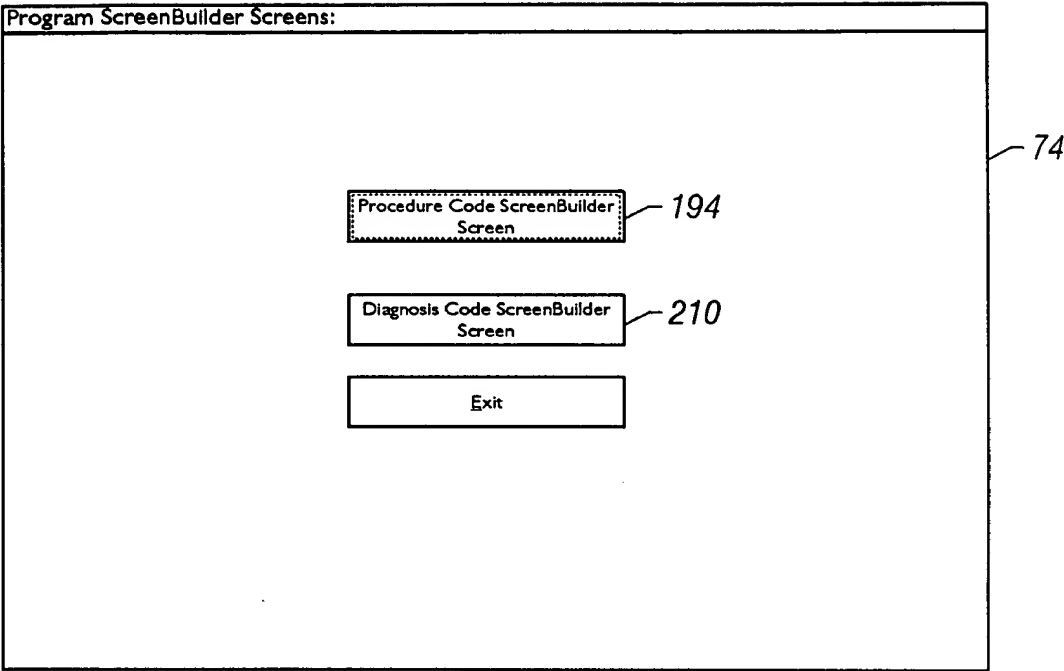


FIG. 28

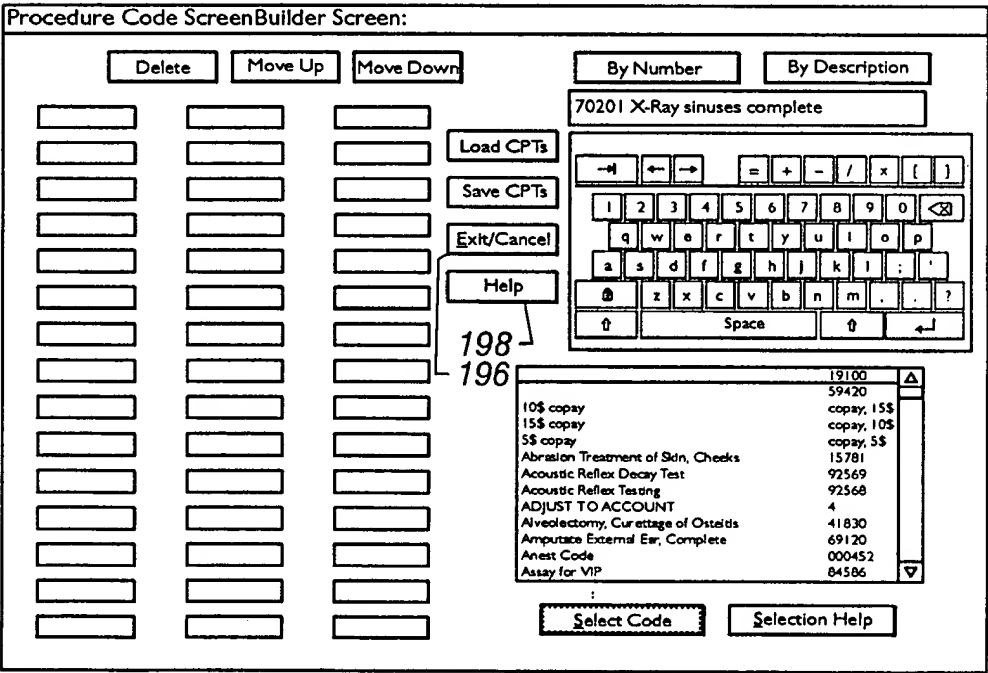


FIG. 29

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Diagnosis Code ScreenBuilder Screen:

Delete Move Up Move Down

Load Codes

Save Codes

Exit/Cancel

Help

By Number By Description

ABSCCESS OF SALIVARY GLAND 527.3

← →

= + - / x []

1	2	3	4	5	6	7	8	9	0	<>
q	w	e	r	t	y	u	i	o	p	
a	s	d	f	g	h	j	k	l	;	'
z	x	c	v	b	n	m	.	.	?	
↑	Space								↓	↵

ABSCCESS OF SALIVARY GLAND	527.3	▲
ABSCCESS, RETROPHARYNGEAL	478.24	
ABSCCESS, SCROTUM	608.4	
ACCESSORY AURICLE	744.1	
ACCIDENT CAUSED BY CUTTING & PIERCING OBJECT	E920	
ACCIDENT CAUSED BY FIREARM-HANDGUN	E922.0	
ACCIDENT DUE TO RECREATIONAL MACHINERY	E919.8	
ACCIDENTAL DROWNING OR SUBMERSION	E910.9	
ACCIDENTS CAUSED BY AGRICULTURE MACHINES	E919.0	
ACNE ROACEA	695.3	
ACQUIRED DEFORMITY OF NOSE	738.0	
ACQUIRED STENOSIS OF EAR CANAL, UNSPECIFIED	380.50	
ACTIVE MENIERE'S DISEASE VESTIBULAR	386.03	▼

Select Code

Selection Help

210

FIG. 30

About Program Title

Application Title: Program

Version: 9.0

Program Inc.
1000 73rd Street, Suite # 18
Des Moines, Iowa 50311
Phone # 1-515-287-0891

OK

FIG. 31